

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

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EFS ID:	11765	
Application ID:	09681948	
Title of Invention:	IMAGE COMPRESSION BY OBJECT SEGREGATION	
First Named Inventor:	Scott Harris	
Domestic/Foreign Application:	Domestic Application	
Filing Date:	null	
Effective Receipt Date:	2001-06-29	
Submission Type:	Utility Patent Filing	
Filing Type:	null	
Confirmation Number:	0	
Attorney Docket Number:	Shape	
Digital Certificate Holder:	cn=Scott C. Harris, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US	
Certificate Message Digest:	LQRQ4cIlInTICCljRGIAhg==	
Total Fees Authorized:	\$355.0	
Payment Category:	DA - Deposit Account	
Deposit Account Number:	501387	
Deposit Account Name:	Scott C. Harris	

TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

Shape



IMAGE COMPRESSION BY OBJECT SEGREGATION

First Named Inventor: Scott C. Harris

SUBMITTED BY

Name: Scott C. Harris
 Registration Number: 32,030
 Electronic Signature Mark: sch Date Signed: 20010629

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Attached Files:

specification	ShapeF.xml
declaration	shapecompdec1.tif
declaration	shapecompdec2.tif
bibd-transmittal	Shapeapds.xml
fee-transmittal	Shapefee.xml

Attached Image File(s):

shapecompdec1.tif

shapecompdec2.tif

2001-06-29 14:00:00

Comments:

TO: "33" 345T2960

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 355

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 50-1387
 Deposit Account Name: Scott C. Harris



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Scott C. Harris
 Electronic Signature Mark: SCH
 Date Signed: 20010626

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 17	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0